

01/29/01
J1011 U.S. PTO

01-31-01


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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

J1017 U.S. PTO
09/772591
01/29/01

Attorney Docket No.		MORPH1120		C/M # 2102206-165198	
First Inventor or Application Identifier:		Ming-Hau Lee			
Title:		SIMD/MIMD PROCESSING ON A RECONFIGURABLE ARRAY			
Express Mail Label No.:		EL233951931US			
Application Elements <small>(See MPEP chapter 600 concerning utility patent application contents)</small>			ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231		
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, & duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>12</u>] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (if filed) • Detailed Description • Claim(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>4</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> i. <input type="checkbox"/> Deletion of Inventor(s) <small>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment (____ pgs.) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Express Mail Certification 17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). <small>Applicant must attach form PCT/SB/35 or its equivalent</small> 18. <input checked="" type="checkbox"/> OTHER: Check # _____ (\$ 395.00)		
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: ____ / ____ Prior application information: Examiner: _____ Group/Art Unit: _____					
18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number (25548) Or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below					
NAME		ATTN: Terrance A. Meador GRAY CARY WARE & FREIDENRICH			
ADDRESS		401 B Street, Suite 1700 San Diego, California 92101 USA			
Telephone: 619/699-2652		General Fax No.: 619-236-1048		Patent Group Fax No.: 619/699-3452	
Name (print/type)		John J. Oskorep		Registration No.: 41,234	
Signature				Date 29 January 2001	

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FEE TRANSMITTAL

Attorney Docket No.	MORPH1120
First Named Inventor:	Ming-Hau Lee
Application Number	Unknown
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

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01/29/01

TOTAL AMOUNT OF PAYMENT:	\$ 395.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 07-1895 Deposit Account Name: GRAY CARY WARE & FREIDENRICH</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>

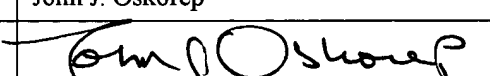
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 710.00	\$355.00	\$ 355.00
Total Claims	15 - 20 =	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	4 - 3 =	1	X \$ 80.00	X \$ 40.00	\$ 40.00
Multiple Dependent Claim(s) (if applicable)			\$ 270.00	\$135.00	\$ 000.00
Total of above Calculations =					\$ 395.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 320.00	\$ 160.00	\$ 000.00
Reissue filing fee	\$ 710.00	\$ 355.00	\$ 0.00
Provisional filing fee	\$ 150.00	\$ 75.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	29 January 2001

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09/772591
01/29/01

Serial No. Unknown File No. 2107200-165198 By Atty JJO/JPC/meg

In the Matter of Application/Patent of Ming-Han Lee

Date Mailed 29 Jan. 2001 Due Date n/a

The following has been received in the U.S. Patent Office on the date stamped hereon.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Application (type) <u>utility - 12 pgs</u> | <input type="checkbox"/> Notice to File Missing Parts Form |
| <input checked="" type="checkbox"/> Oath/Declaration | <input type="checkbox"/> Amendment/Response |
| <input checked="" type="checkbox"/> Power of Attorney | <input type="checkbox"/> Extension of Time Request (___ mos.) |
| <input type="checkbox"/> Assignment | <input type="checkbox"/> Certificate of Mailing |
| <input type="checkbox"/> Small Entity Declaration | <input checked="" type="checkbox"/> Express Mail Certificate <u>EL233951931US</u> |
| <input checked="" type="checkbox"/> Drawings <u>4</u> Sheets | <input type="checkbox"/> Issue Fee Transmittal Form |
| <input type="checkbox"/> Formal | <input type="checkbox"/> Maintenance Fee Form |
| <input type="checkbox"/> Informal | <input type="checkbox"/> Notice of Appeal |
| <input checked="" type="checkbox"/> Letter (Transmittal) | <input type="checkbox"/> Petition for _____ |
| <input type="checkbox"/> Deposit Account Form/Paragraph | <input type="checkbox"/> Affidavit/Declaration _____ |
| <input checked="" type="checkbox"/> Check (Amount <u>395.00</u>) | |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Other: <u>FEE TRANSMITTAL</u> |
| <input checked="" type="checkbox"/> Form PTO-1449 | |

FOR: SIMD/MIMD PROCESSING ON A RECONFIGURABLE
ARRAY

EL233951931US

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DATE OF DEPOSIT: January 29, 2001

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JAMES P. CLEARY

NAME


SIGNATURE